



PTO/SB/21 (07-06)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number

10/752,938

Filing Date

January 6, 2004

First Named Inventor

Gabbay, Jeffrey

Art Unit

1616

Examiner Name

David Paul Stitzel

Attorney Docket Number

082799-000000US

**ENCLOSURES (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment w/attachment (8 pp.).                           | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request (1 p., submitted in duplicate). | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Request for Refund   | Return Postcard   |
| <input type="checkbox"/> Information Disclosure Statement                                     | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                               | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                       |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                     |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Randolph T. Apple

Date

December 5, 2006

Reg. No.

36,429

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